

FORM B1 United States Bankruptcy Court Northern District of Illinois		Voluntary Petition																	
Name of Debtor (if individual, enter Last, First, Middle): Benson, Jeffrey Lawrence		Name of Joint Debtor (Spouse) (Last, First, Middle): Mrkvicka, CinDee Lois																	
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): AKA Cynthia Lois Mrkvicka																	
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-9914		Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-5754																	
Street Address of Debtor (No. & Street, City, State & Zip Code): 8N906 Burlington Road Hampshire, IL 60140		Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 109 London SE Poplar Grove, IL 61065																	
County of Residence or of the Principal Place of Business: Kane		County of Residence or of the Principal Place of Business: Boone																	
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																	
Location of Principal Assets of Business Debtor (if different from street address above):																			
Information Regarding the Debtor (Check the Applicable Boxes)																			
Venue (Check any applicable box)																			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.																			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																			
Type of Debtor (Check all boxes that apply)		Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)																	
<input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank		<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																	
Nature of Debts (Check one box)		Filing Fee (Check one box)																	
<input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business		<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																	
Chapter 11 Small Business (Check all boxes that apply)																			
<input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																			
Statistical/Administrative Information (Estimates only)																			
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																			
Estimated Number of Creditors		1-15 16-49 50-99 100-199 200-999 1000-over <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																	
Estimated Assets <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> \$0 to \$50,000 </td> <td style="width: 25%; text-align: center;"> \$50,001 to \$100,000 </td> <td style="width: 25%; text-align: center;"> \$100,001 to \$500,000 </td> <td style="width: 25%; text-align: center;"> \$500,001 to \$1 million </td> </tr> <tr> <td style="text-align: center;"> <input checked="" type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;"> \$1,000,001 to \$10 million </td> <td style="text-align: center;"> \$10,000,001 to \$50 million </td> <td style="text-align: center;"> \$100,000,001 to \$100 million </td> <td style="text-align: center;"> More than \$100 million </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> </td> </tr> </table>				\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$100,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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THIS SPACE IS FOR COURT USE ONLY																			

Voluntary Petition (This page must be completed and filed in every case)		Document	Name of Debtor: Benson, Jeffrey Lawrence Mrkvicka, CinDee Lois	Page 2 of 4 FORM B1, Page 2
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)				
Location Where Filed: Northern District of Illinois, Western Division	Case Number: 03-71148	Date Filed:		
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)				
Name of Debtor: - None -	Case Number:	Date Filed:		
District:	Relationship:	Judge:		
Signatures				
<p>Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p>				
<p>Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>				
<p>Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p>				
X <u>/s/ Jeffrey Lawrence Benson</u> Signature of Debtor Jeffrey Lawrence Benson		X <u>/s/ Jeffrey L. Benson</u> October 15, 2005 Signature of Attorney for Debtor(s) Date Jeffrey L. Benson 6203738		
<p>Telephone Number (If not represented by attorney) October 15, 2005 Date</p>				
<p>Signature of Attorney X <u>/s/ Jeffrey L. Benson</u> Signature of Attorney for Debtor(s) Jeffrey L. Benson 6203738 Printed Name of Attorney for Debtor(s) Law Offices of Jeffrey L. Benson Firm Name 3337 W. 95th Street Suite #2 Evergreen Park, IL 60805 Address 312-607-0048 Fax: 708-499-1940 Telephone Number October 15, 2005 Date</p>				
<p>Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.</p>				
<p>Printed Name of Bankruptcy Petition Preparer Social Security Number (Required by 11 U.S.C. § 110(c.)) Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:</p>				
<p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p>				
<p>X <u>Signature of Authorized Individual</u> Printed Name of Authorized Individual Title of Authorized Individual Date</p>				
<p>X <u>Signature of Bankruptcy Petition Preparer</u> Date</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</p>				

In re **Jeffrey Lawrence Benson,
CinDee Lois Mrkvicka**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED	
Account No. 1197033503101			Automobile Deficiency			11,309.00
Americredit P.O. Box 78143 Phoenix, AZ 85062	J					
Account No. 412174161208xxxx			Credit Card Purchases			229.00
Capital One P.O. Box 60000 Seattle, WA 98190	J					
Account No.						
Account No.						
0 continuation sheets attached			Subtotal (Total of this page)			11,538.00
			Total (Report on Summary of Schedules)			11,538.00

Americredit
P.O. Box 78143
Phoenix, AZ 85062

Capital One
P.O. Box 60000
Seattle, WA 98190